



# Streptococcus Group A, invasive disease

County \_\_\_\_\_

LHJ Use ID \_\_\_\_\_  
☐ Reported to DOH Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
LHJ Classification ☐ Confirmed  
☐ Probable  
By: ☐ Lab ☐ Clinical  
☐ Other: \_\_\_\_\_  
Outbreak # (LHJ) \_\_\_\_\_ (DOH) \_\_\_\_\_

## REPORT SOURCE

Initial report date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reporter (check all that apply)  
☐ Lab ☐ Hospital ☐ HCP  
☐ Public health agency ☐ Other  
OK to talk to case? ☐ Yes ☐ No ☐ Don't know  
Investigation start date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reporter name \_\_\_\_\_  
Reporter phone \_\_\_\_\_  
Primary HCP name \_\_\_\_\_  
Primary HCP phone \_\_\_\_\_

## PATIENT INFORMATION

Name (last, first) \_\_\_\_\_  
Address \_\_\_\_\_ ☐ Homeless  
City/State/Zip \_\_\_\_\_  
Phone(s)/Email \_\_\_\_\_  
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Occupation/grade \_\_\_\_\_  
Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_  
Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
Gender ☐ F ☐ M ☐ Other ☐ Unk  
Ethnicity ☐ Hispanic or Latino  
☐ Not Hispanic or Latino  
Race (check all that apply)  
☐ Amer Ind/AK Native ☐ Asian  
☐ Native HI/other PI ☐ Black/Afr Amer  
☐ White ☐ Other

## CLINICAL INFORMATION

Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Derived Diagnosis date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Illness duration: \_\_\_\_ days

### Signs and Symptoms

Y N DK NA  
☐ ☐ ☐ ☐ Fever Highest measured temp (°F): \_\_\_\_  
☐ Oral ☐ Rectal ☐ Other: \_\_\_\_\_ ☐ Unk

### Predisposing Conditions

Y N DK NA  
☐ ☐ ☐ ☐ Current chickenpox (varicella) infection  
☐ ☐ ☐ ☐ Immunosuppressive therapy or disease  
☐ ☐ ☐ ☐ Neonatal  
Delivery location: \_\_\_\_\_  
☐ ☐ ☐ ☐ Postpartum mother (<= 6 weeks)  
☐ ☐ ☐ ☐ Preexisting injury, wound, or break in skin  
☐ ☐ ☐ ☐ Recent surgery

### Clinical Findings

Y N DK NA  
☐ ☐ ☐ ☐ Meningitis  
☐ ☐ ☐ ☐ Bacteremia  
☐ ☐ ☐ ☐ Sepsis syndrome  
☐ ☐ ☐ ☐ Toxic shock syndrome  
☐ ☐ ☐ ☐ Septic arthritis  
☐ ☐ ☐ ☐ Cellulitis  
☐ ☐ ☐ ☐ Necrotizing fasciitis  
☐ ☐ ☐ ☐ Osteomyelitis  
☐ ☐ ☐ ☐ Pneumonia or pneumonitis  
X-ray confirmed ☐ Y ☐ N ☐ DK ☐ NA  
☐ ☐ ☐ ☐ Peritonitis  
☐ ☐ ☐ ☐ Gangrene  
☐ ☐ ☐ ☐ Other clinical syndrome  
Type: \_\_\_\_\_  
☐ ☐ ☐ ☐ Admitted to intensive care unit  
☐ ☐ ☐ ☐ Mechanical ventilation or intubation required during hospitalization

### Hospitalization

Y N DK NA  
☐ ☐ ☐ ☐ Hospitalized for this illness  
Hospital name \_\_\_\_\_  
Admit date \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Y N DK NA  
☐ ☐ ☐ ☐ Died from illness Death date \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ ☐ ☐ ☐ Autopsy

### Laboratory

Collection date \_\_\_\_/\_\_\_\_/\_\_\_\_

P = Positive O = Other, unknown  
N = Negative NT = Not Tested  
I = Indeterminate

P N I O NT

☐ ☐ ☐ ☐ ☐ **Streptococcus pyogenes** culture (normally sterile site: blood, CSF, joint, pleural, pericardial fluid, tissue specimen obtained during surgery, bronchial specimen)

## NOTES

**INFECTION TIMELINE**

**Enter onset date (first sx) in heavy box. Count forward and backward to figure probable exposure and contagious periods**

Days from onset:

**Exposure period**

-3

-1

o  
n  
s  
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t

**Contagious period**

Treated: 24 hours    Untreated: weeks to months

Calendar dates:



**EXPOSURE (Refer to dates above)**

**Y N DK NA**

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine

Out of: ☐ County ☐ State ☐ Country

Dates/Locations: \_\_\_\_\_

\_\_\_\_\_

**Y N DK NA**

☐ ☐ ☐ ☐ Contact with confirmed or presumptive case

☐ Household ☐ Sexual

☐ Needle use ☐ Other: \_\_\_\_\_

**Y N DK NA**

☐ ☐ ☐ ☐ Congregate living

☐ Barracks ☐ Corrections ☐ Long term care

☐ Dormitory ☐ Boarding school ☐ Camp

☐ Shelter ☐ Other: \_\_\_\_\_

☐ ☐ ☐ ☐ Work or volunteer in health care setting during exposure period

Facility name: \_\_\_\_\_

☐ ☐ ☐ ☐ Hospitalized during exposure period

☐ ☐ ☐ ☐ Injection street drug use, type: \_\_\_\_\_

☐ Patient could not be interviewed

☐ No risk factors or exposures could be identified

Most likely exposure/site: \_\_\_\_\_

Site name/address: \_\_\_\_\_

Where did exposure probably occur? ☐ In WA (County: \_\_\_\_\_) ☐ US but not WA ☐ Not in US ☐ Unk

**PUBLIC HEALTH ISSUES**

**Y N DK NA**

☐ ☐ ☐ ☐ Nosocomial infection suspected

☐ ☐ ☐ ☐ Work or volunteer in health care setting during contagious period

Facility name: \_\_\_\_\_

☐ ☐ ☐ ☐ Outbreak related

**PUBLIC HEALTH ACTIONS**

☐ Facility notified

☐ Facility inspection

☐ Other, specify: \_\_\_\_\_

**NOTES**

Investigator \_\_\_\_\_ Phone/email: \_\_\_\_\_

Investigation complete date \_\_\_\_/\_\_\_\_/\_\_\_\_

Local health jurisdiction \_\_\_\_\_

Record complete date \_\_\_\_/\_\_\_\_/\_\_\_\_